

Please tell us about your past medical history and current health status. If there is a corresponding item, Please check in the box. Depending on the checked item in question, You may not be able to participate in the course.

1.  Currently, you are taking some kind of medicine. If there is, name medicine and reason.( \_\_\_\_\_ )
  2.  Currently, there is a disease or something defective about the heart. [Angina pectoris, arrhythmia, etc.]  
• What are the symptoms?,if any.( \_\_\_\_\_ )
  3.  Currently, there is a disease or something defective about the brain. [Epilepsy, etc.]  
• What are the symptoms?,if any.( \_\_\_\_\_ )
  4.  Currently, there is a disease or something defective about the lung. [Asthma, emphysema, tuberculosis, etc.]  
• What are the symptoms?,if any.( \_\_\_\_\_ )
  5.  Currently, there are signs of hypertension, or high blood pressure. \* Recent average blood pressure-high ( ) and low( )
  6.  Currently, you have a cold, stuffy nose, or are suffering from empyema, such as sinusitis and bronchitis.
  7.  Currently, otitis media, and rests on otitis externa.
  8.  Claustrophobia, or fear of heights, that has caused a panic attack.
  9.  Currently, I am suffering from diabetes.
  10.  Currently, experiencing manic-depressive symptoms that can affect the athletic and mental ability.
  11.  Please put a check in the box of items that are currently applicable.  
 Drinking just before  Hangover  Pregnancy  Lack of sleep  Excessive tension
  12.  **Not applicable to all of the above!**
- ★ What is your mood right now ?  Highest !  Best !  Good  Soso  Not so good  Bad

Name _____		(M · F)		Address _____	
Date of birth	y	M	D	Age[ _____ ]	Blood type[ _____ ]
Occupation[ _____ ]		PhoneNO[ _____ ]		Emergency contact number [ _____ ]	
E-mail[ _____ ]		Signature _____		year	Mo
Signature of parent(If under 20)		year	Mo	Day	Staff

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